Carrier a.m. PM Report For Qtr 1 FY '02

(Updated Through 12/31/01)

Every Quarter, Carrier bulletins reach hundreds of thousands health professionals. One of the most important functions of a bulletin is to provide timely and accurate information about Medicare. When CMS issues new instructions to Carriers and DMERCs, we assess the potential impact on practitioners and suppliers. In some instances, we specify the educational intervention that you must make. Some times, we ask you to include information about the new requirement in your bulletins.

The Ca.m. PM Report helps you to review each quarter's new requirements and keep your bulletin content up-to-date. Beginning in the last month of each quarter, we will post a Ca.m. PM Report. We will update that report weekly, until the quarter closes.

We hope you will keep in mind that publishing this report does not reduce your responsibility to review each PM to develop your own educational interventions. For instance, If we miss a PM, that does not mean you will not need to comply with the instruction.

We hope that this report will help you:

- Identify Bulletin Requirements
- Organize for Deadlines
- Anticipate PMs and System Releases

The first section of the report organizes PMs with January 01, 2002 implementation dates. The PMs are grouped into those PMs issues before October 01, 2001. Any PM requirement for publication is highlighted.

We have organized the requirements into AB and B PMs

We generally assume that any publication requirement issued in the previous quarter can be included in the current quarter's bulletin. These PMs were issued prior to 10/01/01.

PM#	PM Date	PM Title	Imp. Date	CR#
AB-01-36	02/23/2001	Extension of Moratorium on the Application of the Financial Limitation for Outpatient Rehabilitation Services	01/01/2002	1491
AB-01-97	07/17/2001	Claims Processing Instructions for the Medicare Participating Centers of Excellence Demonstration and the Medicare Provider Partnership Demonstration	01/01/2002	1525
AB-01-100	07/26/2001	CWF Health Insurance Master Record Redesign & Beneficiary Master File Expansion	01/01/2002	1775
AB-01-102	07/26/2001	Common Working File (CWF) Y2K Wrapper Logic Removal Changes	01/01/2002	1774
AB-01-103	07/27/2001	Revised Guidelines for Processing Claims for Clinical Trial Routine Care Services	01/01/2002	1637
AB-01-104	07/30/2001	Modifications to the Common Working File (CWF) to: (1) Suppress HUST Type TC Transactions for	01/01/2002	1779

AB-01-105	08/01/2001	Medicare+Choice and Adjustment Claims; and (2) Activate Coordination of Benefits Contractor #11100. Medical Review (MR)	01/01/2002	1694
		Progressive Corrective Action (PCA)ACTION		
<u>AB-01-106</u>	08/01/2001	Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Claims Status Request/Response Transaction Standard	01/01/2002	1784
AB-01-111		Completion of Home Health Prospective Payment System (HH PPS) Consolidated Billing Enforcement	01/01/2002	1711
<u>AB-01-118</u>	08/31/2001	Reasonable Charge Update for 2002 for Items and Services, Other Than Ambulance and Laboratory Services	01/01/2002	1803
AB-01-126		Instructions for Implementing and Updating 2002 Payment Amounts for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	01/01/2002	1856
<u>AB-01-127</u>	09/14/2001	Year 2002 Healthcare Common Procedure Coding System (HCPCS) Annual Update Reminder	01/01/2002	1852
AB-01-128		Annual Update of Non-Routine Medical Supply and Therapy Codes for Home Health Consolidated Billing (CB)	01/01/2002	1854
<u>AB-01-129</u>	09/15/2001	Medicare Coverage of Non-Invasive Vascular	01/01/2002	1855

		Studies for End Stage Renal Disease (ESRD) Patients		
AB-01-137	09/26/2001	CMS Policy for Disclosure of Individually Identifiable Information: Provider Telephone Inquiries for Medicare Eligibility Information	01/01/2002	1587
AB-01-138	09/26/2001	New Zip Code File	01/01/2002	1861
AB-01-144	09/26/2001	ICD-9-CM Coding for Diagnostic Tests	01/01/2002	1724
AB-01-140	09/27/2001	Claims Processing Instructions for the Medicare Participating Centers of Excellence Demonstration and the Medicare Provider Partnership Demonstration	01/01/2002	1849

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PM#	PM Date	PM Title	Imp. Date	CR#
B-01-30	04/26/2001	Deletion of the HCFA Common Procedure Coding System (HCPCS) Codes A9160, A9170, and A9190 and the GX Modifier and Replacement with New Codes and Modifiers; Status Change to HCPCS Code A9270	01/01/2002	1371
<u>B-01-46</u>	07/25/2001	Instructions for Billing for Claims for Screening Glaucoma Services	01/01/2002	1717
B-01-48	08/07/2001	Medical Nutrition Therapy Services for Beneficiaries with Diabetes or Renal Disease	01/01/2002	1776
<u>B-01-51</u>	08/09/2001	Common Working File	01/01/2002	1805

		(CWF) Changes Required for Processing Native American (NA) and Alaskan Native (AN) Railroad Retiree Claims		
<u>B-01-53</u>	08/22/2001	Change in Jurisdiction for Pessary Codes	01/01/2002	1788
<u>B-01-54</u>	08/27/2001	Implementation of New Fee Schedule for Parenteral and Enteral Nutrition Items and \Services	01/01/2002	1777
<u>B-01-55</u>	09/13/2001	Changes to Correct Coding Edits, Version 8.0, Effective January 1, 2002	01/01/2002	1833
<u>B-01-56</u>	09/13/2001	Payment for Home Dialysis Supplies and Equipment	01/01/2002	1858
<u>B-01-57</u>	09/21/2001	New Specialty Code for Pain Management	01/01/2002	1872
B-01-58	09/25/2001	Coding for Non- Covered Services and Services Not Reasonable and Necessary	01/01/2002	1820
<u>B-01-59</u>	09/25/2001	Clarification of Medicare Contractor Financial Reporting Instructions Outlined in §4923.2 of the Medicare Carriers Manual (MCM). (Issued May 2001)	01/01/2002	1836
<u>B-01-61</u>	09/26/2001	Transmittal B-01-61 dated September 26, 2001, has been recommunicated as AB-01-144.	01/01/2002	1724

These requirements may have arrived too late for you to include them in your bulletin, before they are effective.

PM#	PM Date	PM Title	Imp. Date	CR#	
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AB-01-161	11/07/2001	Notice of Interest Rate for Medicare Overpayments and Underpayments	10/31/2001	1896
AB-01-169	11/28/2001	Transaction Certification and Testing	11/28/2001	1954
AB-01-167	11/27/2001	Correction to 2nd Update to 2001 Medicare Physician Fee Schedule Database	12/20/2001	1937
AB-01-141	10/02/2001	Update of Codes and Payments for Ambulatory Surgical Centers (ASCs)	01/01/2002	1860
AB-01-142	10/02/2001	Revised Guidelines for Processing Claims for Clinical Trial Routine Care Services	01/01/2002	1637
AB-01-143	10/04/2001	Coverage and Billing of Sacral Nerve Stimulation	01/01/2002	1881
AB-01-145	10/10/2001	New Waived Tests – September 13, 2001	01/01/2002	1877
AB-01-148	10/18/2001	Ambulance Inflation Factor for 2002	01/01/2002	1875
AB-01-151	10/26/2001	Clarification of Common Working File (CWF) Y2K Wrapper Logic Removal Changes (CR 1774)	01/01/2002	1904
AB-01-152	10/30/2001	Breakdown of the American Medical Association's (AMA) Physicians' Current Procedural Terminology, Fourth Edition (CPT) 2002 Codes	01/01/2002	1902
AB-01-154	10/31/2001	Medicare Deductible and Premium Rates for Calendar Year 2002	01/01/2002	1906

<u>AB-01-162</u>	11/06/2001	2002 Clinical Laboratory Fee Schedule and Laboratory Costs Subject to Reasonable Charge Payment Methodology	01/01/2002	1887
<u>AB-01-164</u>	11/08/2001	Correction to Program Memorandum (PM) AB-01-53: Elimination of DMEPOS Fee Schedules for Repair Codes E1340, L4205, L7520, and L8049	01/01/2002	1909
<u>AB-01-166</u>	11/15/2001	Coverage and Billing of Sacral Nerve Stimulation	01/01/2002	1936
AB-01-168	11/27/2001	The Use of Gamma Cameras and Full Ring and Partial Ring Positron Emission Tomography (PET) Scanners for PET Scans	01/01/2002	1886
<u>AB-01-174</u>	12/5/2001	The Certification Package for Internal Controls for Fiscal Year (FY) Ending September 30, 2002	12/6/2001	1942
AB-01-176	12/10/2001	The Medicare Exclusion Database (MED) Replaces Publication 69	1/1/2002	1919
AB-01-177	12/11/2001	Emergency Changes to the 2002 Medicare Physician Fee Schedule Database	12/14/2001	1971
AB-01-187	12/18/2001	Update to Waived Tests – November 21, 2001	1/7/2002	1976

AB-01-186	12/18/2001	Suspension of	12/18/2001	1963
		National Coverage		
		Policy on Electrical		
		Stimulation for Wound		
		Healing		

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PM#	PM Date	PM Title	Imp. Date	CR#
B-01-69	10/31/2001	2002 Anesthesia	01/01/2002	1908
		Conversion Factors		
B-01-71	11/08/2001	American National	11/23/2001	1809
		Standards Institute		
		X12N 837 Professional		
		Health Care Claim		
		Companion Document		

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PM#	PM Date	PM Title	Imp. Date	CR#
AB-01-123	09/14/2001	Useful Lifetime Expectancy for Breast Prosthesis	04/01/2002	1787
AB-01-149	10/23/2001	Unsolicited Response and Auto Adjustment of Claims for the Medicare Participating Centers of Excellence Demonstration and the Medicare Provider Partnership Demonstration	04/01/2002	1752
AB-01-155	10/31/2001	Medicare Summary Notice (MSN) Implementation for Contractors Using APASS and HPBSS - ACTION	04/01/2002	1920

AB-01-156	11/01/2001	Expanding the Number of Source Identifiers for Common Working File (CWF) MSP Records	04/01/2002	1923
AB-01-157	11/01/2001	New Common Working File (CWF) Medicare Secondary Payer (MSP) Edit to Reject MSP Records for Medicare Beneficiaries Who Are Only Entitled to Medicare Part B, and Are Covered by a Group Health Plan (GHP).	04/01/2002	1922
AB-01-158	11/01/2001	New Common Working File (CWF) Edits and Standard System Responses on Skilled Nursing Facility (SNF) Claims	04/01/2002	1778
AB-01-159	11/01/2001	Common Working File (CWF) Reject and Utilization Edits and Carrier Resolution for Consolidated Billing for Skilled Nursing Facility (SNF) Residents	04/01/2002	1764
AB-01-160	11/01/2001	Standardize Common Working File (CWF) Hosts' Processes and Procedures With Standard Software (AMEN Program)	04/01/2002	1930
AB-01-163	11/02/2001	Expand Standard Date Format and Remove Common Working File (CWF) Y2K Wrapper Logic for Part B Eligibility File, Part B (HUBC), and DME (HUDC) Incoming and Response Transactions	04/01/2002	1915
AB-01-165	11/14/2001	Implementation of an	04/01/2002	1555

AB-01-173	12/5/2001	Name Transition From Health Care Financing Administration (HCFA) to Centers for Medicare & Medicaid Services (CMS) – CMS Identity Mark Guidelines	06/5/2002	1964
AB-01-178	12/12/2001	April Quarterly Update for 2002 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule	4/1/2002	1952
AB-01-179	12/12/2001	Zip Code File on the Direct Connect	4/1/2002	1941
AB-01-188	12/18/2001	Coverage and Billing of Ambulatory Blood Pressure Monitoring (ABPM)	04/1/2002	1985

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<u>B-01-63</u>	10/17/2001	New Modifier for Rental Items	04/01/2002	1813
<u>B-01-64</u>	10/22/2001	DMERCs - Advance Beneficiary Notices (ABNs) for "Upgrades"	04/01/2002	1893
<u>B-01-68</u>	10/31/2001	Providing Upgrades of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Without Any Extra Charge	04/01/2002	1894

<u>B-01-70</u>	10/31/2001	Reporting Claims Accounting Information to the Healthcare Integrated General Ledger Accounting System (HIGLAS)	04/01/2002	1924
B-01-72		Change in CWF Categories for Two Immunosuppressive Drugs	04/01/2002	1867
<u>B-01-73</u>	11/09/2001	Reviewing Deceased Physicians' Unique Physician Identification Numbers (UPINs) on DMERC Claims	04/01/2002	1735
<u>B-01-74</u>	11/15/2001	Supplier Billing for Glucose Test Strips and Supplies (Revised)	04/01/2002	1612
<u>B-01-76</u>	12/11/2001	Issuance of Standard Paper Remittance (SPR) Advice Notices and SPR- X12 835V4010 Crosswalk	7/1/2001	1953



Finally, when we issue the final Ca.m. PM Report, for this quarter, we will give you our predictions for up-coming PMs and systems releases.